

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

1. Agency/Subagency originating request Environmental Protection Agency		2. OMB control number b. G None a_2060-0345 _ _ _ _ _	
3. Type of information collection (<i>check one</i>) a. G New collection b. G Revision of a currently approved collection c. X-Extension of a currently approved collection d. G Reinstatement, without change , of a previously approved collection for which approval has expired e. G Reinstatement, with change , of a previously approved collection for which approval has expired f. G Existing collection in use without an OMB control number <i>For b-f, note item A2 of Supporting Statement Instructions</i>		4. Type of review requested (<i>check one</i>) a. X- Regular b. G Emergency - Approval requested by: ____/____/____ c. G Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? G Yes X- No 6. Requested expiration date a. X- Three years from approval date b. G Other Specify: ____/____/____	
7. Title - Regulations for a Voluntary Emissions Standards Program Applicable to Manufacturers of Light-Duty Vehicles and Trucks Beginning in Model Year 1997			
8. Agency form number(s) (<i>If applicable</i>) 1761.02			
9. Keywords NLEV, banking, averaging, Tier 1, production, manufacturers, vehicles			
10. Abstract - This information collection involves the periodic reporting and recordingkeeping by manufacturers participating in the voluntary emissions standards program applicable to manufacturers of light-duty vehicles and light-duty trucks beginnnng in model year 1997. Manufacturers would submit information regarding the annual sales, calculation, generation, and usage of emission credits in an annual report. In addition, upon transferring credits to another manufacturer, the manufacturer would sukbmIt this information along with their annual report.			
11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>) a. __ Individuals or households d. __ Farms b. <u>P</u> Business or other for-profit e. __ Federal Government c. __ Not-for-profit institutions f. __ State, Local or Tribal Government		12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>) a. P G Voluntary b. G Required to obtain or retain benefits c. G Mandatory	
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>25</u> b. Total annual responses <u>25</u> 1. Percentage of these responses collected electronically _____ % c. Total hours requested <u>241.3</u> d. Current OMB inventory <u>241.3</u> e. Difference _____ f. Explanation of difference 1. Program Change _____ 2. Adjustment _____		14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs <u>\$379,320</u> b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory <u>\$318,995</u> e. Difference <u>\$60,325</u> f. Explanation of difference 1. Program change _____ 2. Adjustment <u>wage increase</u>	

<p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> P <input type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping b. <input checked="" type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input checked="" type="checkbox"/> On occasion 2. <input checked="" type="checkbox"/> Weekly 3. <input checked="" type="checkbox"/> Monthly</p> <p>4. <input checked="" type="checkbox"/> Quarterly 5. <input checked="" type="checkbox"/> Semi-annually 6. X <input checked="" type="checkbox"/> Annually</p> <p>7. <input checked="" type="checkbox"/> Biannually 8. <input checked="" type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p style="text-align: center;">X <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u>Mitch Greenberg</u></p> <p>Phone: <u>202 564-9269</u></p>